

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034298

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 2357

FILED AUG 23 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Koch

Length of stay in 1b

213 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Robert Koch Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY
OR
TOWN

St. Louis, Mo.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

3507a Fair - Apt. 3 No.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
Lillie

Middle

Last
Boone

4. DATE
OF
DEATH

Month

Day

Year

July 23, 1963

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-8-22

9. AGE (last birthday)

41

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cocaine Reaction

INTERVAL BETWEEN
ONSET AND DEATH
15 min.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Unknown cause

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Mediastinitis

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-22-62 to 7-23-63 and last saw her alive on 7-23-63
Death occurred at 2:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Axel R. Lironau

M.D.

22b. ADDRESS

Robt. Koch Hosp. - Koch, Mo.

22c. DATE SIGNED

7-24-63

23a. FUNERAL, CREMATION

23b. DATE

7-29-63

23c. NAME OF CEMETERY OR CREMATORY

WASHINGTON PARK

23d. LOCATION (City, town, or county)

ST. LOUIS COUNTY, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Luke Jones 134311 Maroon

25. DATE RECD. BY LOCAL REG.

7-25-63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 5072

P. O. Address 4035 W. 1st St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.